

Health Legacy Consent form



If you would like to take part in the Health Legacy research study, please read through the Participant Information Sheet dated 5 Feb 2026 (version 1.5) To take part, you will need to agree with the following statements and tick the boxes to confirm. If you have any questions, please contact us by email or telephone.

Chief Investigator: Professor Sarah Finer

Initial

About your participation

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I agree to take part in Health Legacy. I have read and understood the Participant Information Sheet (version 1.5, 5 Feb 2026). I have had the opportunity to consider the information, ask questions and had these answered satisfactorily.

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I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.

About the study

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I agree to give a sample of saliva (spit) and blood

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I agree to give a urine sample*

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I agree to wearing a capillary glucose monitor for 14 days and return this device to the study team*

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I agree to participate in an interview study*

** Optional*

These will be used for health-related research, including collecting genetic information (DNA) for analysis using techniques such as genotyping and genome sequencing.

Your name (BLOCK CAPITALS)

 / / 20

Date

Your signature

About the information and samples you give

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I give permission for the Health Legacy study team to securely access health-related information about me held by the NHS and other UK organisations for the duration of the study. To do this, Health Legacy may share some identifiable information such as my NHS number, date of birth or name, with these organisations using secure and encrypted email.

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I understand that Health Legacy can collect, store and use genetic and health information for approved health-research studies for the duration of the study

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I understand that de-identified (with no personal identifying details) samples and information may be shared and stored with approved research investigators to achieve the aims of Health Legacy. These investigators could be within a hospital, laboratory, university, non-profit organisation or company, within the UK or worldwide.

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I understand that Health Legacy is not-for-profit and I will not benefit financially from research leading to new treatments or tests.

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Responsible individuals from Queen Mary University of London may be given access to study information to ensure compliance with the UK policy framework for health and social care research

After the study

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I agree to my GP being informed of my participation in the study if there are test results that need further action.

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I agree that I can be contacted in the future to be invited to further health research studies, such as interview studies, questionnaires, imaging studies (scans), or further sample collection. If I am contacted, I will be given full information about these studies and I am free to decide whether or not to take part.

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In the future, we may contact you to ask if you would like to receive personal information, such as your genetic ancestry, arising from your information and samples.

1 copy given to participant
1 copy kept in participant research file/CRF
Health Legacy Informed Consent Form
version v1.3 10 Feb 2026 IRAS ID 352127

Insert local
NHS logo here



Queen Mary
University of London